19991515

| (F | Requestor's Name) | | | |
|---|-------------------------|--|--|--|
| (Address) | | | | |
| 4) | Address) | | | |
| (0 | City/State/Zip/Phone #) | | | |
| PICK-UP | MAIL MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600337648996

2019 DEC -4 PM 4:4

/

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 074570 7280235

- Millian Rice

AUTHORIZATION

COST LIMIT

ORDER TIME : 2:54 PM

ORDER DATE: December 4, 2019

ORDER NO. : 074570-045

CUSTOMER NO: 7280235

FOREIGN FILINGS

NAME: OHM MCO, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: | OHM MCO, LLC | | | | |
|-------------------------------|---|--|--|---|------------------|
| SUBJECT. | Name of Limited Liability Company | | | | |
| The enclosed Existence, ar | I "Application by Foreign Limited Liability Compand check are submitted to register the above referer | any for Authoriza need foreign limi | ation to Transact Business ted liability company to tra | in Florida," Certific ansact business in F | ate of lorida |
| Please return | all correspondence concerning this matter to the fe | ollowing: | | | |
| | Legal Department | | | 20 9 | |
| | Name of Person | | | | |
| | Hudson Group (HG) Retail, LLC | | | | |
| | Firm/Company | | | | 11 |
| | l Meadowlands Plaza | | | P. 4: | |
| | | Address | | 5 | |
| | East Rutherford, NJ 07073 | | | | |
| | City/Sta | te and Zip Code | | | |
| | jbigger@hudsongroup.com | | | | |
| | E-mail address: (to be used | for future annua | report notification) | | |
| For further in | nformation concerning this matter, please call: | | | | |
| Ada | am Ratner | 201 at (| 939-5050 | | |
| | Name of Contact Person | Area Code | Daytime Telephone | Number | |
| Div Reg P.O | ision of Corporations istration Section Box 6327 ahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | | |
| Enc Plea | losed is a check for the following amount: se make check payable to: FLORIDA DEPARTM | MENT OF STA | TE | | |
| | \$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of State}\$ | | _ | 0.00 Filing Fee, Certains & Certified Co | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. OHM MCO, LLC | | | T111 | - A 10- | | <u>-</u> |
|---|---|--------------------|---------------------------|-----------------------|-----------------------|-----------------------------|
| (Name of Foreign | Limited Liability Company; must include "Limited | d Liability Com | ipany," "E.E.C.," or "LI | LC.") | | |
| | | | | <u>=</u> | <u> </u> | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flor | nda. The alternate | name must include "Limite | ed Liability Company | | "LLC.") |
| Delaware | | | | 3.1 | 050 | : (|
| 2 | hich foreign limited liability company is organized) | 3 | | number, if applicable | | |
| (Jurisdiction under the law of wi | hich foreign limited liability company is organized) | | (FE) | number, it applicates | ci T | 3 6 * . * . |
| | | | | Ţħ. | PH | 111 |
| 4 | | | | E. | <u></u> | こ |
| T | (Date first transacted business in Florida, if prior to t (See sections 605.0904 & 605.0905, F.S. to determine | egistration.) | <u> </u> | | Ţ. | |
| | (See Sections on Stayout or additional, Fig. 15 describe | • | | 5 | . to | |
| 1 Jeff Fuqua Blvd | | | Hudson Group (H | | C | |
| 5. (Street Address of F | nncipal Office) | 6 | (Mailing | g Address) | ··········· | |
| | | | | | | |
| Orlando, FL 32827 | | 1 M | eadowlands Plaz | a, 6th Floor | | |
| | | | <u></u> | | | - |
| | | Eas | t Rutherford, NJ (| 07073 | | |
| | | | | | | |
| | | | | | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT accep | table) | | | |
| - | _ | • | | | | |
| | | | | | | |
| N 1. | Corporation Service Company | | | | | |
| Name: | | | _ | | | |
| | 1201 Hays Street | | | | | |
| Office Address; | | | _ | | | |
| | | | | | | |
| | Tallahassee | | 32301 , Florida | | | |
| | (City) | | | p code) | | |
| | • | | // | | | |
| Registered agent's accep | tance: | | , | | | |
| Having been named as re | gistered agent and to accept service of p | rocess for th | ie above stated lim | ited liability co | ompany d | it the place |
| aesignated in this applica | tion, I hereby accept the appointment as ions of all statutes relative to the proper | registered for | ugeni and agree to | modulise and | iucily. 1) Ham for | uriner agree niliar with |
| | s of my position as registered agent. | una compte | / | my unites, uni | | |
| and accept the confation. | • • • • | , M | 1 1//\ . | / \ | / Harry | / B. Davis |
| | Corporation Service Company By: | 1// | // <i>//</i> / | F | Vast. Vi | ce Preside |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---------------------------------------|--------------------|---------------------------------------|
| ■Manager | Name: Hudson Group (HG) Retail, LLC | ☐ Manager | Name: Roger Fordyce, Ceo |
| ☐ Member | Address: 1 Meadowlands Plaza, 6th Fl | ☐ Member | Address: Meadowlands Plaza, 11th Fl |
| Authorized | East Rutherford, NJ 07073 | Authorized | East Rutherford, NJ 07073 |
| Person | | Person | 2 |
| Other | Other | Other | |
| Manager | Name: Adam Ratner, Secretary | Manager | Name: Adrian Bartella, CFO |
| ☐Member | Address: 1 Meadowlands Plaza, 11th Fl | Member | Address: 1 Meadowlands Plaza, F1th F1 |
| Authorized | East Rutherford, NJ 07073 | Authorized | East Rutherford, NJ 07073 |
| Person | | Person | |
| Other | Other | Other | Other |
| Manager | Name: William Wolf, SVP | ☐ Малаger | Name: Michael Mullaney, SVP |
| ☐Member | Address: 1 Meadowlands Plaza, 11th Fl | Member | Address: 1 Meadowlands Plaza, 11th Fl |
| Authorized | East Rutherford, NJ 07073 | Authorized | East Rutherford, NJ 07073 |
| Person | | Person | |
| Other | Other | Other | Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Control Control

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OHM MCO, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FOURTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OHM MCO, LLC"

WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

Authentication: 204131736

Date: 12-04-19

7675700 8300

SR# 20198422550

You may verify this certificate online at corp.delaware.gov/authver.shtml